



Artificial intelligence: A new heartbeat in cardiovascular medicine

Junjie Zhang*

Department of Cardiothoracic Surgery, Wujin Hospital
Affiliated with Jiangsu University, Changzhou, Jiangsu, 213000,
China; Department of Cardiothoracic Surgery, Wujin Clinical
College Affiliated with Xuzhou Medical University, Changzhou,
Jiangsu, 213000, China.

***Corresponding Author: Junjie Zhang**

Department of Cardiothoracic Surgery, Wujin Hospital
Affiliated with Jiangsu University, Changzhou, Jiangsu, 213000,
China.

Tel: +8618521307175; Email: zjjnmu@sina.com

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Introduction

Cardiovascular disease remains one of the leading causes of death globally. Despite significant progress in the diagnosis and treatment of heart disease, complex pathophysiological conditions such as heart failure and coronary artery disease still demand innovative solutions in diagnosis, treatment, and patient management. In recent years, Artificial Intelligence (AI) has emerged as a transformative tool in medicine, with the potential to enhance diagnostic accuracy, improve prognostic models, and enable personalized treatment. However, the integration of AI into clinical practice presents both significant opportunities and substantial challenges.

A recent review documents an exponential increase in AI research within cardiovascular medicine over the past decade [1]. This surge is attributed to the advancements in machine learning techniques, particularly deep learning, which has become the dominant methodology in this field [2]. AI applications are diverse, spanning from enhancing diagnostic accuracy using electrocardiograms and echocardiography to the prediction of clinical outcomes based on omics data [3]. For instance, AI-driven models have shown promise in detecting atrial fibrillation from electrocardiograms and predicting the risk of heart failure, potentially enabling earlier intervention and better management of these conditions [4].

While the potential of AI in cardiovascular medicine is undeniable, there is a critical gap in its full-scale integration into clinical practice. Most AI models remain confined to research

settings, with limited application in real-world clinical decision-making. This disconnection stems from several factors, including the complexity of AI models, the need for extensive validation, and the challenge of integrating AI outputs into existing clinical workflows [5]. One of the key barriers to clinical adoption is the “black box” nature of many AI models, particularly those based on deep learning. Clinicians are often hesitant to rely on algorithms that do not provide transparent reasoning for their decisions. Efforts to improve the interpretability of AI models are ongoing, with some research groups exploring methods to visualize the focus of AI during analysis. However, achieving full transparency remains a challenge [6].

As AI becomes more prevalent in cardiovascular research, ethical and regulatory considerations must keep pace. The review emphasizes the importance of aligning technological advancements with medical ethics, particularly in the context of data privacy and patient safety. The recent publication of the “Good Machine Learning Practice for Medical Device Development: Guiding Principles” by the FDA and other regulatory bodies is a step in the right direction. These guidelines aim to ensure that AI applications in medicine are safe, effective, and aligned with ethical standards [7]. Another ethical consideration is the potential impact of AI on patient care. While AI has the potential to improve diagnosis and treatment, there is also a risk that it could lead to unintended consequences, such as over-reliance on automated systems or the marginalization of clinical expertise. To ensure that AI serves as a tool to augment rather than replace clinical judgment is crucial.

Conclusion

The future of AI in cardiovascular medicine hinges on its seamless integration into clinical practice, which requires enhanced collaboration among AI researchers, cardiologists, and regulatory bodies to ensure its clinical applicability; the establishment of trust through rigorous internal and external validation processes; and continuous efforts to improve the transparency and interpretability of AI models, enabling clinicians to confidently incorporate them into decision-making.

References

1. Makimoto H, Kohro T. Adopting artificial intelligence in cardiovascular medicine: A scoping review. *Hypertens Res.* 2024; 47(3): 685-99.
2. LeCun Y, Bengio Y, Hinton G. Deep learning. *Nature.* 2015; 521(7553): 436-44.
3. Ulloa-Cerna AE, Jing L, Pfeifer JM, Raghunath S, Ruhl JA, et al. rECHOmmend: An ECG-Based Machine Learning Approach for Identifying Patients at Increased Risk of Undiagnosed Structural Heart Disease Detectable by Echocardiography. *Circulation.* 2022; 146(1): 36-47.
4. Bachtiger P, Petri CF, Scott FE, Ri Park S, Kelshiker MA, et al. Point-of-care screening for heart failure with reduced ejection fraction using artificial intelligence during ECG-enabled stethoscope examination in London, UK: A prospective, observational, multicentre study. *Lancet Digit Health.* 2022; 4(2): e117-e25.
5. Nakamura K, Kojima R, Uchino E, Ono K, Yanagita M, et al. Health improvement framework for actionable treatment planning using a surrogate Bayesian model. *Nat Commun.* 2021; 12(1): 3088.
6. Makimoto H, Hockmann M, Lin T, Glockner D, Gerguri S, et al. Performance of a convolutional neural network derived from an ECG database in recognizing myocardial infarction. *Sci Rep.* 2020; 10(1): 8445.
7. US Food and Drug Administration (FDA) HC, and products tUKs-MaH, (MHRA) RA. Good machine learning practice for medical device development: guiding principles. 2023. <https://www.fda.gov/media/153486/download>.